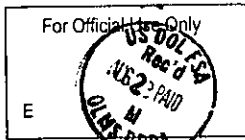


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>13200</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Steven</u> <u>D</u> <u>Pickle</u> P.O. Box, Bldg., Room No., if any Street <u>1870 NE 162nd Avenue</u> City <u>Portland</u> State <u>Oregon</u> ZIP Code + 4 <u>97230-5642</u>	4. Name, file number, and address of labor organization. Name <u>Teamsters Local Union No 305</u> Labor Organization File Number <u>005-158</u> P.O. Box, Building and Room Number, if any Street <u>1870 NE 162nd Avenue</u> City <u>Portland</u> State <u>Oregon</u> ZIP Code + 4 <u>97230-5642</u>
5. Position in labor organization. <u>Business Representative</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

8/15/2005

Date

503-251-2305

Telephone Number

Name of Person Filing

Steven D Pickle

File Number U-

**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

8. Name and address of Business (including trade name, if any).

Name **Oregon Teamster Employers Trust**Trade Name, if any: **c/o William C Earhart Co**P.O. Box, Bldg., Room No., if any **P O Box 4148**Street **3140 NE Broadway**City **Portland**State **Oregon** ZIP Code + 4 **97208-1818**

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

**Registration fee for International  
Foundation educational seminar  
paid in 2004 for 2005 seminar.**

12.b. Amount.

**1,900.00**

**C. Received from any employer (other than an employer covered under parts A and B above)  
or from any labor relations consultant to an employer any payment of money or other thing of value.**

13.a. Name and address of Employer or Labor Relations Consultant  
(including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment

Name of Person Filing

Steven D Pickle

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Northwest Administrators Inc**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **500 NE Multnomah, Suite 720**City **Portland**State **Oregon** ZIP Code + 4 **97232-2037**

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Value of provided food/beverage  
entertainment on two separate  
occasions.

12.b. Amount.

**119.00**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.



Tony L. Andrews  
Secretary-Treasurer

*Dairy, Bakery & Food Processors, Industrial,  
Technical & Automotive, Local Union No. 305*

Affiliated with The International Brotherhood of Teamsters

1870 N.E. 162nd AVENUE • PHONE (503) 251-2305 • FAX (503) 251-2301

PORTLAND, OREGON 97230-5642



August 15, 2005

Office of Labor-Management  
US Department of Labor  
200 Constitution Avenue NW, Room N5616  
Washington DC 20210

RE: 2004 LM-30 Report

Dear Sir:

Enclosed you will find my LM-30 report for year ending 2004.

Very truly yours,

Steve Pickle  
Business Representative

TLA/sm  
Enclosure

Certified Letter #: 7004 1160 0006 1631 1487



Tony L. Andrews  
Secretary-Treasurer

# *Dairy, Bakery & Food Processors, Industrial, Technical & Automotive, Local Union No. 305*

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PORTLAND, OREGON 97230-5642



August 15, 2005

The transactions, dealings and interests that are reported in the attached LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form LM-30.

Signed,

Steve Pickle  
Business Representative